



*DR*  
Date: April 26, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/817,394

Filing Date: April 2, 2006

Applicant: BAKER, Kathy L.

Title: TENSION DEVICE FOR CLOTHING STRAPS

Art Unit: 3765

Examiner: HALE, Gloria M.

Attorney Docket No.: 1293-2U (Previous Attorney Docket No.: 1120.0100)

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1451

**TRANSMITTAL OF POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM**

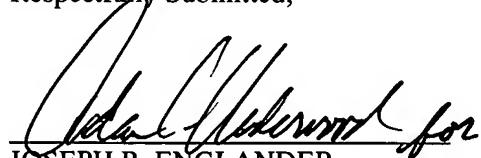
Dear Sir:

Applicant hereby submits a Power of Attorney and Correspondence Address Indication Form (PTO/SB/81-04/05), for the above-referenced Application.

Also enclosed is a return postcard.

The Commissioner is hereby authorized to charge payment of any additional filing fees or credit any overpayment under §1.16 associated with this communication to Deposit Account No. 502104.

Respectfully Submitted,



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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/817,394
Filing Date	April 2, 2004
First Named Inventor	BAKER, Kathy L.
Title	Tensioning Device for Clothing Stra
Art Unit	3765
Examiner Name	HALE, Gloria M.
Attorney Docket Number	1293-2U

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

31292

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph R. Englander, Esq.			
Address	CHRISTOPHER & WEISBERG, P.A. 200 East Las Olas Boulevard, Suite 2040			
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	April 22, 2006
Name	Kathy L. Baker	Telephone	(954) 484-2092
Title and Company	Chief Executive Officer, THE BRA CLIP, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of one (1) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.